Community Pharmacy IT Group: Collated comments about GP Connect, and sharing of appointments, signposting and records info across health and care

CP ITG was formed in 2017 by PSNC, NPA, RPS, CCA and AIMp. The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers, NHSBSA, NHS Digital, NHSE&I, and NHSX. Further information on the group can be found on the PSNC website.

The group discussed at its summer 2020 sub-group meeting about:
- GP Connect; and
- sharing of appointments, signposting and records information between pharmacy and other health and care organisations.

The sub-group were invited to provide feedback after the call as well.

This document sets out the topic and some feedback from which came during the call and after.

What is GP Connect?

NHS Digital briefed the group about GP Connect. GP Connect is:
- A service that allows authorized clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently.
- Currently being used in 97% of GP practices, and in NHS111 to
  - view patient records; and
  - book appointments.

Feedback

NHS Digital GP Connect team's user researcher sought additional feedback to:
- explore how the service can be improved;
- include care settings right across primary care; and
- ensure the needs of community pharmacists are understood and considered.

Feedback was sought on nine propositions each presented below within tables.

Proposition 1	
If I had an appointment book in my pharmacy, and I could make some of the appointment slots available to be booked by other care providers such as NHS111 and my local GP practices **Then** I could organize my time and plan my workload better	
Questions about proposition	**Pharmacy comments**
What works about this idea?	• Having control over the slots I can open is important. It means that during some portions of the day I can focus on other work. Some of my colleagues will choose to open appointments during a certain portion of the day each day to help manage the balance of walk-in related work and planned work.

	• Aside from slots, many pharmacies may wish to set notice periods e.g. for non-emergencies 24-hour notice is helpful with non-emergency appointments being the next day at the earliest to help planning and overall work management.
What are the challenges with this idea?	• What would really be wanted is a system that integrates or is within the clinical system to prevent login-burden and burden with using many systems. • Aside from the IT, there would be needed specific professional frameworks for when appropriate signposting or appointment booking is performed by others into pharmacy. • Generally, there should be an element of the pharmacy 'accepting' an appointment without logging into a separate system. Ideally the system would notify the pharmacy team on a main screen or device e.g. with a noise and warning and ask for confirmation of acceptance of the appointment, so that a quicker response could be provided. • Ideally patients would also receive sight of service / appointment info electronically – e.g. email, SMS text messages and/or app.

Does this idea solve a problem?	• Yes – for example, those scenarios where certain relevant criteria is met e.g.:
	  - 111 caller makes referral to pharmacy - Community Pharmacist Consultation Service
	  - GP practice staff could make referral to pharmacy - Community Pharmacist Consultation Service, or a flu vaccination – if they were one of the GP practices not providing the flu vaccination service (or had run out of vaccines).

Can this be done already?	• Other organisations' staff cannot see appointment books or technology. • There are not common appointment/referral/signposting standards being used by the pharmacy appointment digital solutions. • Pharmacies have a mixture of solutions for recording some appointments: paper books, freely available calendar solutions (e.g. Google or Outlook calendars), and less frequently some at the group call, suggested system within or integrating with the PMR system.
Other comments or questions	• Could the shared NHSmail boxes of pharmacies be linked with calendars and the organisations? What if Outlook calendar worked for a shared mailbox? At present NHSmail pharmacy testers couldn't seem to access the Outlook calendar tab (license may not extend to Outlook calendar)? IF this were done could other systems integrate with the NHSmail calendar? The advantages include an extra element of standardisation across more pharmacies. • A coordinated list of services provided (by health care organisations) would assist signposting / referral / appointments - NHS website and Directory of Services (DoS). • Some Public health services are commissioned but are not clear to other health and care organisations. This seems to relate to how services can be listed in a structured way on the NHS website and Directory of Services (DoS). • The 'open slots' could be made open to systems of other health and care providers' systems and patients' apps if standards used?

Proposition 2
If A NHS111 call handler could book an appointment for a patient in my pharmacy directly from their system, and include information about the patient's need **Then** I would have a better idea of when a patient would arrive at the pharmacy, and of the problem that I would be dealing with when they arrived

Questions about proposition	Pharmacy comments
What works about this idea?	The NHS 111 caller can use a framework such as the one, and some relevant info can be included reducing repetition by the patient.

What are the challenges with this idea?	[Answers to same question within Proposition 1 table also apply]
Does this idea solve a problem?	• Yes – for example, those scenarios where certain relevant criteria is met e.g.: - 111 caller makes referral to pharmacy - Community Pharmacist Consultation Service (CPCS)
Can this be done already?	Not in an automated, systematic, standardised and fully 'joined up' way.
Other comments or questions	[Answers to same question within Proposition 1 table also apply]

Proposition 3

If A GP or GP receptionist could book an appointment for a patient in my pharmacy directly from their system, and include information about the patient's need

Then I would have a better idea of when a patient would arrive at the pharmacy, and of the problem that I would be dealing with when they arrived

Questions about proposition	Pharmacy comments
What works about this idea?	Opportunity for preparation at the pharmacy end to minimise risk of the patient waiting at the pharmacy
What are the challenges with this idea?	[Answers to same question within Proposition 1 table also apply].

Does this idea solve a problem?	• Yes – for example, those scenarios where certain relevant criteria is met e.g.:
	  - GP practice staff could make referral to pharmacy - Community Pharmacist Consultation Service (CPCS), or a flu vaccination – if they were not providing the flu vaccination service (or had run out of vaccines).
	  - Some GP practices could have interest with forwarding patients New Medicine Service (NMS) – particularly if GP pharmacist not available.
	  - Emergency hormonal contraception (EHC) service free to patients, if publicly funded (some pharmacies can provide this).
	  - Structured Medications Reviews (SMRs) in future – details of which being discussed with NHSE&I.

Can this be done already?	Currently the processes would need to be manual.
Other comments or questions	[Answers to same question within Proposition 1 table also apply]

Proposition 4

If I had an appointment book, and I and other health care providers could book timed appointments for patients

Then I could ensure that patients coming for 'flu vaccinations (for example) are kept socially distanced from one another

Questions about proposition	Pharmacy comments
What works about this idea?	• A smoother experience for patients etc.

	• Pharmacy Terms of Service already includes signposting as part of work but the technology to support this being done smoothly is limited.
What are the challenges with this idea?	Referral / signposting / appointment could be part of a service.
Does this idea solve a problem?	• Yes, some patients require services such as an anticoagulation service or blood service test which could be available from the GP practice. • A GP practice may refer a patient to another health care org an on occasion even if they provided an NHS Flue service – e.g. patient is allergic to the type of Flu vaccine that organisation has.
Can this be done already?	Currently the processes would need to be manual.
Other comments or questions	-

Proposition 5

If I could book an appointment for a patient at their GP practice directly from my system

Then I would make good use of my training and experience, and my patient would be seen by the GP as quickly as possible, and I would save the time I spend phoning or emailing the surgery

Questions about proposition	Pharmacy comments
What works about this idea?	This would work well as part of a service framework, but GP practices may wish for pharmacy to request an appointment within such a framework.
What are the challenges with this idea?	As above this would be performed using relevant frameworks rather than ad hoc…
Does this idea solve a problem?	Yes, patients frequently need to be referred from pharmacy to GP practices but the current referral and appointment process can be a clunky experience for patients and health and care staff.
Can this be done already?	Currently the processes would need to be manual.
Other comments or questions	-

Proposition 6

If I could see all the future appointments for my patient in all care settings (for example GP practice, physio, mental health)

Then I would have a better understanding of their needs holistically, the other health care professionals they have engaged with, and avoid duplication and waste

Questions about proposition	Pharmacy comments
What works about this idea?	• This works best when a specific framework and service specifications for the referral. • Ideally, patients would have full sight e.g. NHS App.
What are the challenges with this idea?	Technology is not yet consistent so that proper visibility.

Does this idea solve a problem?	Viewing of appointment slots to assist patient may be done within scenarios such as part of a Structured Medications Review (SMR) in future, or other services.
Can this be done already?	No.
Other comments or questions	As per other tables

Proposition 7

If I could see the GP clinical record for my patient in my PMR system

Then I would have better information to treat the patient safely and reduce errors, and the patient would be saved the burden of having to repeat their history

Questions about proposition	Pharmacy comments
What works about this idea?	Patients expect a coordinated experience but do not yet receive this. Pharmacy teams are operating without access to key information relevant to medicines dispensing.
What are the challenges with this idea?	Requires use of standards for pharmacy systems so they align with GP / other / NHS systems as needed.
Does this idea solve a problem?	Yes, some examples: • Default access to records for pharmacy teams would help GP practice teams to receive fewer queries from pharmacies to GP practices. • "Sight of potassium test information and notes within patient's records helps me determine whether patient will benefit from further help with using their inhaler the right manner. Using the inhaler wrongly is common but access to relevant information can help me to improve our patients' outcomes" • "Access to blood coagulation test results support my care of those patients on Warfarin. Warfarin thins the blood to reduce clot risks so using the test result history helps my discussions with patients about getting to the dose levels they need to keep them safest." • "Those with patients chronic kidney disease are best not taking certain over-the-counter medicines e.g. ibuprofen (unless specifically prescribed), and access to patient's records can sometimes highlight the information about the patients' condition to help inform potential over-the-counter sales." • "Some of my patients are getting regular results about their thyroxine levels and me having sight of this via patient's records notes helps me understand more about what levothyroxine dosage is needed to treat them and protect them from potential complications." • "Looking at patient's records helps pharmacy to safely dispense for those that require emergency supply, particularly non-regular patients." • "Any notes about past Clozapine prescribed by clinics instead of GP practice and can be missing from SCR. Sight of this information can be life-saving where indicator that if prescribed medicine some simple over the counter medicines can cause life threatening side effects."
Can this be done already?	Currently the processes would need to be manual. Pharmacy has access to Summary Care Record (SCR) but that is usually accessed via a separate portal and can be missing key information which is outside the expected field or scope of SCR.
Other comments or questions	• Local Health Care Records (LHCRs) if integrate with standards such as GP Connect might assist?

Proposition 8

If I could see a list of all the health and care services available in my locality on my system

Then if my patient's problem was not one I could help with, I could signpost them to the most appropriate service and know that they would get the optimum outcome

Questions about proposition	Pharmacy comments
What works about this idea?	This might help patients to access the care more quickly they need. It could be helpful to make staff and especially new staff aware of what is within the surrounding area.
What are the challenges with this idea?	Technology.
Does this idea solve a problem?	This is also especially helpful for locum staff and staff that have just arrived at the pharmacy.
Can this be done already?	- NHS Service Finder portal is working on a solution, but that is a separate portal requiring a separate login and is not embedded into my system for immediate and direct use. - NHS Service Finder also does not currently enable messages / referrals signposting directly between organisations.
Other comments or questions	As per other tables.

Proposition 9

If I could book an appointment for a patient with an NHS dentist directly from my system

Then It would save me time and effort I currently spend phoning or emailing, and would improve the service to the patient

Questions about proposition	Pharmacy comments
What works about this idea?	There may not be as much of a need for this. Dentists' staff may prefer to directly speak with patients to assess urgency level etc.
What are the challenges with this idea?	The current system mean dentists probably will want patients directly to book with them.
Does this idea solve a problem?	Aside from pandemic impact on dentistry appointments, under normal circumstances. there are fewer issues with patients successfully contacting the dentist and booking an appointment (compared with challenges with boking GP appointments).
Can this be done already?	Currently the processes would need to be manual.
Other comments or questions	Visibility of appointments across health and care organisations will be helpful but booking of appointments probably should be done within specified frameworks.

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Other pharmacy comments about GP Connect and records (chat comments entered during meeting)

Chat comments

"There is need to view patient records but also need to populate record with services in pharmacy e.g. travel vaccines, Hepatitis B, Human Papillomavirus (HPV) Vaccines, Emergency Hormonal Contraception (EHC) etc"

"The booking system would need to be two-way – the pharmacy would need to show available slots and what isn't available to book - they would need to control the pharmacy diary"

"Future frameworks should enable support staff are to part complete some consultations, currently not always allowed in service specs"

"In order for the patient expectations to be met pharmacy patient medication record (PMR) providers would need to alert users in the PMR so that the referrals are picked up quickly"

"We need to proactively alert colleagues and not need them to manually keep looking for appointments – to ensure the patient experience is good i.e. would not want them to arrive and the pharmacy hasn't actually been identified as they haven't checked a system for appointments"

"Really need access to patient record for full information"

"The [NHS 111] call handler needs to be referring the right patient for the right reason"

"Alerts can be sent via PharmOutcomes and email"

"If the GP receptionist made an appointment I think the patient would expect any outcome to be updated in the GP system for the next time they visited the GP - communication would need to be 2-way to ensure the GP record is updated"

"Any system would need to be open to integration with current booking systems"

"We run two sessions - morning and afternoon - especially important with COVID-19 - and needing to clean the consultation rooms"

"Any appointment system should be:
1. *Simple to use*
2. *Alert colleagues proactively – not need colleagues to go searching for information*
3. *Ensure any funding can be simple to claim (one-click where possible) when a service is completed and not need multiple systems updated and information dual keyed*
4. *Not hinder workload\walk-in patients (continue open door policy)*
5. *Allow multiple colleagues to support (not just Pharmacists) with patient visits*
6. *Not need information updating in multiple locations*
7. *Have 2-way communication to ensure patient record updated, or onward appointment made i.e. back to GP or other setting*
8. *Not allow abuse by moving appointments from an over utilised service into community Pharmacy*
9. *Have access to as much clinical record as possible to offer the best possible patient experience"*

"For those with multiple pharmacy locations, a central view of appointments"

"Agree we need to be able to make direct referrals"

"[Needs for more on] outcomes , diagnoses, meds"

Questions input into the chat feature: Appointments	Further information (GPCT = notes from GP Connect team)
Q1A. *GP online appointments were very limited by many GP practices in the past (some only allowing 10% of total appointments to be made online. Has this changed now?*	**GPCT informal comments:** Online appointments are distinct from GP Connect-bookable appointments. Practices must offer 1 per day per 500 registered patients (until the end of September, it will be reviewed then)
Q1B. *The booking system would need to be two-way – the pharmacy would need to show available slots and what isn't available to book - they would need to control the pharmacy diary.*	**GPCT informal comments:** GPC works in this way, the 'provider' has full control over which slots can be seen/booked into by the 'consumer' **Additional notes**: That may require systems using standards (e.g. GP Connect / CareConnect – see https://developer.nhs.uk/apis/uec-appointments/fs_gpcdiff.html#select-service)

Q1C. *In order for the patient expectations to be met PMR providers would need to alert users in the PMR so that the referrals are picked up quickly.*	**GPCT informal comments:** Good point. Alerts from the local PMR system would be important. **Additional notes**: May be dependent upon suppliers to set-up notification system
Q1D. *We need to proactively alert colleagues and not need them to manually keep looking for appointments – to ensure the patient experience is good i.e. would not want them to arrive and the pharmacy hasn't actually been identified as they haven't checked a system for appointments.*	**GPCT informal comments:** There would need to be a new way of working that made looking at the appointment book part of the daily work of the pharmacy, just as GPs do now
Q1E. *If a GP or NHS111 were booking an appointment wouldn't it be them performing commissioned service anyway.*	**GPCT informal comments:** A contractual agreement would need to be reached to enable this integration. **Additional notes**: Appointments or signposting technology MAY be used in association with specific types of service e.g. Community Pharmacy Consultation Service (CPCS) from 111 callers to pharmacy or in future from GP practice to pharmacy (GP CPCS)
Q1F. *Any system would need to be open to integration with current booking systems.*	**GPCT informal comments:** Yes agreed and noted **Additional notes**: Via use of standards

Questions input into the chat feature: Records	Further information (GPCT = notes from GP Connect team)
Q2A. *Is GP Connect view only or can the record be updated by writing into it?*	**GPCT informal comments:** The current interaction is View only, but updating is being actively explored as part of this discovery exercise
Q2B. *GP connect doesn't allow a repeat medication request, this is still only via the IM1 interface, are there plans to merge IM1 functionality into GP Connect?*	**GPCT informal comments:** Repeat medications is not on our roadmap. Can you clarify what this scenario is?
Q2C. *Proposition 2 Alerts can be sent via PharmOutcomes and email [or some systems]*	**GPCT informal comments:** Noted.
Q2D. *What are the thoughts around integration with LHCR's [Local Health Care Records (LHCRs)] as there seems to be some divergence from standard national systems which may make integration difficult on a local basis… Where does point 7 fit alongside access to LHCRs?*	**GPCT informal comments:** - Not currently in NHS Digital **Additional notes**: LHRCs are currently outside scope of GP Connect work. Previously CP ITG have identified that there needs to be a standard approach for supplier integration with any LHCR system so that the same supplier can easily integrate with many of the LHCR systems if integrated with a single one of them. This feedback was passed to NHS Digital to help inform its standards work.

If you have questions about this document please contact:
- it@psnc.org.uk or Dan.Ah-Thion@psnc.org.uk.